MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER =62-016043

Registration District No. __210__ Primary Registration District No. __5773__ Registrar's No. _____

DO NOT WRITE ON THIS STUB	AMENDED

VS 300
Rev. 4/59

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS · INSTEAD OF · SHOULD READ · ITEM NO.

USE BLACK INK OR TYPEWRITER RIBBON

BY AFFIDAVIT OF · DOCUMENT · MEDICAL CERTIFICATION

FILED APR 18 1962

1. PLACE OF DEATH
   a. COUNTY **Mercer**
   b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **Morgan Twp** — Length of stay in 1b **life**
   c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION — Inside Limits Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
   a. STATE **Missouri** b. COUNTY **Mercer**
   c. CITY OR TOWN **Morgan Twp** — Inside Limits Yes ☐ No ☒
   d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) — First **Lige** Middle **McHargue** Last

4. DATE OF DEATH — Month Day Year **4-14-62**

5. SEX **male**
6. COLOR OR RACE **white**
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH **2-12-1885**
9. AGE (last birthday) **77** — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **farmer**
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) **Mercer Co.,Mo**
12. CITIZEN OF WHAT COUNTRY **USA**

13a. FATHER'S NAME **Samuel McHargue**
13b. MOTHER'S MAIDEN NAME **Susam Price**
14. NAME OF HUSBAND OR WIFE **Kathrine McHargue**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **no**
16. SOCIAL SECURITY NO.
17. INFORMANT **Woodrow McHargue** Address **Princeton,Mo**

18. CAUSE OF DEATH (Enter only one cause per line)
   PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	**Coronary Occlusion**	**imm.**
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	**Coronary Arteriosclerosis**	
DUE TO (c)	**Anemia**	

   PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

   PART III. If deceased was female was there a pregnancy in last 90 days?
   ☐ Yes   ☐ No   ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY — Hour a.m. p.m. / Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION — COUNTY — STATE

21. I attended the deceased from __4-14-62__, to _____ and last saw him alive on __4-14-62__.
   Death occurred at __about 10:45__ p.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) *Douglas L. Pearce DO.*
22b. ADDRESS **Princeton, MO.**
22c. DATE SIGNED **4-16-62**

23a. BURIAL, CREMATION, REMOVAL (Specify) **burial**
23b. DATE **4-16-62**
23c. NAME OF CEMETERY OR CREMATORY **Princeton**
23d. LOCATION (City, town, or county) **Princeton,Mo** (State)

24. FUNERAL DIRECTOR **Noel Moss** ADDRESS **Princeton,Mo**
25. DATE RECD. BY LOCAL REG. **4-16-62**
26. REGISTRAR'S SIGNATURE *Noel Moss*

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____   Signed_____
　　　　Signature of Student Embalmer

Licensed Embalmer No. 2634

P. O. Address _____ Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

. If this body is not embalmed, fact should be so stated above.